

Reintegration - Foster Care Services RFP #07481 – Vendor Questions

Vendor Questions arranged by RFP section

#	RFP Section	Question	Response
1	General	Will all the children who transfer from the current Adoption contractor to the Reintegration/FC contractor be paid at the full 100% case rate or will it be pro-rated based on their length of stay?	<p>Children in the Adoption Contract whose adoptions are not yet finalized as of 7/1/05 will be referred to the new Reintegration/Foster Care Contractor. Referral will be based on SRS case county. Payment will be based on their length of stay in out of home placement and the payment structure in 5.2.2. in the Reintegration/Foster Care RFP (# 07481) and 5.4.2 in the Family Preservation RFP (# 07480).</p> <p>The child will be referred to the Reintegration/Foster Care Contractor serving the SRS county of origin unless there has been a change of venue.</p> <p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child's date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child's date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child's date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
2	General	What do scenario demonstrations practically mean?	Scenario demonstrations require that you come to the interviews prepared to conduct "on the spot" assessments, develop service plans and to demonstrate the way that you practice.
3	General	Will there be caps on family preservation?	It is anticipated that Family Preservation services under the contract will continue to be funded with regional allocations; however, CFS may consider other options based upon budgeting, funding and service considerations.

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4	General	Has any progress been made toward coverage of contractors by Tort Claims Act type protections in light of the increasingly difficult liability and insurance environment?	Claims arising from the provision of child welfare services pursuant to a contract with SRS or with a program that has contracted with SRS are not currently covered by the Kansas Tort Claims Act. SRS is not proposing amendment of the Tort Claims Act at this time.
5	General	Will Community Mental Health Centers be responsible to provide all needed services to youth in foster care/adoption? Currently rural centers do not offer the array of services needed to support very high need children. What is the State's plan to address this matter; when CMHC's cannot provide what the contractor feels is needed.	Any eligible provider of Medicaid services including private practitioners will have access to the medical card for all children needing mental health services. The CMHCs are required through regulation and contract to offer a core set of appropriate and needed mental health services to all persons. Additionally, the CMHCs are required to make available (either through direct provision or contract / affiliation) the full array of supports to SED children in accordance with an Individualized Treatment Plan (these specialized community based services are only provided by CMHCs) A Treatment Team, Medical Necessity, and the clinical judgment of a QMRP determines what services are needed. For further clarification refer to the CMHC licensing Regulations, Medicaid Provider Manuals, CMHC contract, etc
6	General	Can you please verify the number of regions and which region corresponds to which number? The RFP on pg 25 states to check the region (1-5) but the map shows 6 regions named?	SRS has six Management Regions, there are five Contractor regions. Refer to "County to Regions FY 2006" which is attached.
7	General	Can for profit providers bid on the RFP's?	Yes, providing they meet all the other requirements of the RFP.
8	General	How many children are represented in each contract?	Reference 4.7 Section XVII in the RFP.
9	General	In view of the significant changes incorporated in the RFP's, can the submission deadline be extended to allow for a more realistic time frame for preparation of bid proposals?	At this time the deadline is not being extended.
10	General	Will bidders be made aware of the new requirements related to Medicaid/CMS compliance prior to formulating and submitting bids in order to properly include additional costs?	A definitive answer cannot be given at this time. Additional information regarding Medicaid/CMS will be provided as it becomes available.
11	General	What level of Physician involvement will be required to bill Medicaid Title XIX for Family Preservation and Foster Care services?	The question regarding the level of involvement of a physician for payment would vary based upon the service delivered. Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. That specific service is currently under review by CMS.

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12	General	Will the Foster Care or Family Preservation case rate paid by the State encompass all those items identified in the SRS Handbook of Services as having Foster Care, Title IV-E or State General Funds if the child is not Title IV-E or Title XIX eligible as the funding source? There are certain services listed in the SRS Handbook of Services with the only funding source as State General Funds. Will the costs associated with providing those services be covered by the contractor and therefore need to be included in the State Case rate that will be paid to the contractors?	All non-Medicaid services would be the responsibility of the contractor. Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. That specific service is currently under review by CMS.
13	General	Will those items in the SRS Handbook of Services as having Title XIX Medicaid as the funding source be billed directly by the contractor to Medicaid? For those services listing both Foster Care Title IV-E and Medicaid Title XIX as the funding source, which would be primary? Are there any other Federal direct billings other than Medicaid Title XIX that will be required from the contractors?	All non-Medicaid services would be the responsibility of the contractor. Contractors will not be allowed to bill direct services as a billing entity for any child assigned to their case load unless the contractor is an individual qualified Medicaid provider, and with the possible exception of behavior management targeted case management. Title XIX is the payer of last resort. No, there are no other federal direct billings.
14	General	Information provided at the pre-bid meetings indicated the technical proposal must be 50 pages, double-spaced, with 12 point font, and 25 pages of appendices, excluding job descriptions. Are there similar formatting instructions for the cost proposal?	No, there are no similar formatting instructions. See Section 5.1.
15	General	The RFP asks for letters of intent from all potential subcontractors. Using the definition provided at the pre-bid meeting, this includes any service provider with whom a contractor has a written agreement. The number of potential service providers, and their letter of commitment, could easily consume the 25 page appendix limit. Is it possible to provide a list of subcontractors from whom we received letters of intent, and make those available at the interview, or upon request?	Letters of intent or Memorandum of Agreement are excluded from the 25 page limitation for Appendices.
16	General	For clarification, does the technical proposal need to only stipulate that the contractor will adhere to the list of program assurances (4.13) and contract program requirements (4.13.4), or list each assurance and requirement separately, and agree to each individually?	The bidder must stipulate that they agree to carry out the requirements of this section of the RFP including each of the subsections.
17	General	Currently the Adoption contractor does not license a family as a foster home once a family signs an adoption placement agreement. Will this practice continue to be allowed or should the bidder include the cost of staff needed to perform this function?	The current practice will continue.
18	General	What is the total contract amount available?	At this time this hasn't been determined.

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19	General	What is the capitated rate for each service currently?	<div>Child Welfare Community Based Services – SFY 2005 Rate Summary</div> <table><tr><td colspan="2"><u>Family Preservation</u></td><td><u>Case Rate/Family</u></td></tr><tr><td>Region 1</td><td></td><td>3,756</td></tr><tr><td>Region 2</td><td></td><td>3,909</td></tr><tr><td>Region 3</td><td></td><td>4,152</td></tr><tr><td>Region 4</td><td></td><td>4,500</td></tr><tr><td>Region 5</td><td></td><td>3,601</td></tr><tr><td colspan="3"><u>Foster Care</u></td></tr><tr><td></td><td><u>Monthly Rate/Child</u></td><td><u>Monthly Base Payment</u></td></tr><tr><td>Region 1</td><td>1,377</td><td>536,658</td></tr><tr><td>Region 2</td><td>1,436</td><td>609,215</td></tr><tr><td>Region 3</td><td>1,621</td><td>470,548</td></tr><tr><td>Region 4</td><td>1,271</td><td>951,588</td></tr><tr><td>Region 5</td><td>1,507</td><td>804,201</td></tr><tr><td colspan="3"><u>Adoption</u></td></tr><tr><td></td><td><u>Monthly Rate/Child</u></td><td><u>Monthly Base Payment</u></td></tr><tr><td>Statewide</td><td>1,252</td><td>988,201</td></tr></table>	<u>Family Preservation</u>		<u>Case Rate/Family</u>	Region 1		3,756	Region 2		3,909	Region 3		4,152	Region 4		4,500	Region 5		3,601	<u>Foster Care</u>				<u>Monthly Rate/Child</u>	<u>Monthly Base Payment</u>	Region 1	1,377	536,658	Region 2	1,436	609,215	Region 3	1,621	470,548	Region 4	1,271	951,588	Region 5	1,507	804,201	<u>Adoption</u>				<u>Monthly Rate/Child</u>	<u>Monthly Base Payment</u>	Statewide	1,252	988,201
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20	General	Current budget for FY 2003/2004 and 04/05?	<div>Child Welfare Community Based Services Expenditures SFY 2004 Estimated Actuals & SFY 2005 Approved</div> <table><tr><td></td><td><u>SFY 2004 Estimated Actuals</u></td><td><u>SFY 2005 Approved Budget</u></td></tr><tr><td>Family Pres Contracts</td><td>10,224,285</td><td>11,364,083</td></tr><tr><td>Foster Care Contracts</td><td>90,861,130</td><td>92,152,369</td></tr><tr><td>Adoption Contract</td><td>32,559,791</td><td>34,931,146</td></tr></table>		<u>SFY 2004 Estimated Actuals</u>	<u>SFY 2005 Approved Budget</u>	Family Pres Contracts	10,224,285	11,364,083	Foster Care Contracts	90,861,130	92,152,369	Adoption Contract	32,559,791	34,931,146																																				
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21	General	Will Family Preservation and Foster Care receive the same capitated rate per child?	No, that is not the intent. Rates will be determined during the negotiation process.																																																
22	General	Will we inherent the current LOS and that will determine the rate by child on day one, or on day one all children begin at day 1 according to tiered payment system?	Yes, they will start at the Tier based on the child’s length of stay in out of home placement.																																																

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23	General	Will we be responsible to inherit current leases?	This is outside the scope of the RFP.
24	General	Why is the Title IV draw down so low in comparison to the number of children in care?	The amount drawn down from the Federal Government is based on the number of children who are Title IV-E eligible combined with the Title IV-E services provided.
25	General	Number of children in care, by program (Family Preservation vs. Foster Care), by region?	See Vendor file 4.7 on the Department of Administration's website.
26	General	Can a for profit entity apply for the RFP?	Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
27	General	Are out of state providers eligible to bid?	[Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
28	General	Please confirm for me that a for profit CAN be eligible for the award of the RFP as long as they meet all eligible criteria? Also, can out of state providers apply and is there any special consideration for current providers over new providers entering Kansas?	Yes, for profit agencies and out of state providers may apply as long as they are licensed to do business in the state of Kansas, licensed as a child placing agency in Kansas and meet all other requirements of the RFP. There are no special provisions for in-state providers or current providers.
29	General	What is the difference between "achievement of case plan goal" and "permanency"?	The case plan goal has been achieved when any one of the following events occurs: reintegration, adoption finalization, permanent guardianship, or OPPLA. Permanency occurs when a child has achieved their case plan goal and is released from custody.
30	Data	By county of origin, what is the length of stay of children currently out of home who are in the Reintegration and Foster Care contract?	Information on length of custody for exit cohorts (by exit reason) for years 1999 – 2003 are located on line at the Department of Administration site. Detail between distinct adoption populations finalized and not finalized are not available as this report is an exit cohort, not a point in time report. Information on length of out of home stay for the most current available in FY 2004 is located in Portraits Chapter 7, OOH length of stay document that is located in the zip file on the Department of Administration site.

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31	Data	By county of origin, what is the length of stay of children currently out of home who do not have a signed adoption placement agreement and are in the Adoption contract?	Information on length of custody for exit cohorts (by exit reason) for years 1999 – 2003 are located on line at the Department of Administration site. Detail between distinct adoption populations finalized and not finalized are not available as this report is an exit cohort, not a point in time report. Information on length of out of home stay for the most current available in FY 2004 is located in Portraits Chapter 7, OOH length of stay document that is located in the zip file on the Department of Administration site.
32	Data	By county of origin, what is the length of stay of children currently out of home who have a signed adoption placement agreement but have not reached finalization and are in the Adoption contract?	Information on length of custody for exit cohorts (by exit reason) for years 1999 – 2003 are located on line at the Department of Administration site. Detail between distinct adoption populations finalized and not finalized are not available as this report is an exit cohort, not a point in time report. Information on length of out of home stay for the most current available in FY 2004 is located in Portraits Chapter 7, OOH length of stay document that is located in the zip file on the Department of Administration site.
33	Data	By county of origin, how many children currently in out of home care are in each placement type (foster home, relative placement, level IV, level V, level VI, hospital, trial home, ETC.) in the Reintegration and Foster Care contract?	Placement information distribution can be found in Chapter 5 of Portraits. Placement information in the .zip file content on the Department of Administration web site. This .zip file contains the most recent data information available at the time the RFP was issued.
34	Data	By county of origin, how many children currently in out of home care are in each placement type (foster home, relative placement, level IV, level V, level VI, hospital, trial home, adoptive home with signed APA, ETC.) in the Adoption contract?	Placement information distribution can be found in Chapter 5 of Portraits. Placement information in the .Zip file on the Department of Administration web site. This zip file contains the most recent data information available at the time the RFP was issued.
35	Definitions	How does the RFP define “interactions” vs “visits”?	In this RFP, interactions and visits are used interchangeably. Interactions are an ongoing natural set of contacts that occur between children and their families. Interactions will occur at a minimum, once a week. An example of interactions could be eating meals together, parent(s) and child(ren) attending ball games and church together, attending school activities together, or taking the child to the therapist or doctor.
36	1.4	Are the specific formatting instructions for the length and spacing of the technical and cost proposals, i.e. only 25 pages, spaced?	Yes, the Vendor's Technical Proposal must be single -spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions and letters of intent. All pages (including Appendix) must be numbered center bottom.
37	1.14	Vendors are not covered currently under the Kansas Tort Claims Act—will exemptions be proposed to the Legislature to extend the Act's protections to the Contractors?	Claims arising from the provision of child welfare services pursuant to a contract with SRS or with a program that has contracted with SRS are not currently covered by the Kansas Tort Claims Act. SRS is not proposing amendment of the Tort Claims Act at this time.

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38	2	Does the text in tables, charts and figures need to be double-spaced?	No.
39	2	Section 4.2 requires detailed information on all subcontractors—due to page limitations, would it be possible to include this information outside of the page limitations in a similar manner to job descriptions as multiple subcontractors may be identified in the Technical Proposal?	Letters of intent and Memorandums of Agreement are excluded from the 25 page limitation for Appendices.
40	2.1.2	Is there a page limit (excluding attachments) for the technical proposal?	Yes, the Vendor's Technical Proposal must be single -spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions and letters of intent. All pages (including Appendix) must be numbered center bottom.
41	2.2	Please clarify what is meant by “including literature and other supporting documents”. Does this mean hard copies of literature referenced in the proposal or a reference page? Are forms considered supporting documents? Is there any limitation on number of pages to be submitted as supporting documents?	Hard copies are not needed, a citation in the text is sufficient. Forms are not needed. All information submitted must meet the page limitation requirement.
42	2.8	Section 2.8 of the RFP includes a requirement saying that only the State is authorized to issue news releases concerning “performance of the contract.” Is this prohibition intended to terminate after the announcement of the contract award is made, or is it intended to extend longer than that?	The State is concerned with news releases only through contract award.
43	3.1	What criteria will be used to determine whether a 2-year renewal option is activated?	Performance and financial stability will be considered.
44	3.9	How are modifications defined?	Modification is defined as changes in: materials, work products, data, models, forms, source code, procedures, software, manuals, system descriptions and work flows developed by the Contractor under this contract shall be considered public domain, in accordance with federal regulations. If modifications are made to proprietary software under this contract, the modification information will be public domain, but the original software remains proprietary.
45	3.9	If Medicaid is excluded from future contracts, what are the specific issues relating to Ownership that are relevant for the development of the Technical Proposal?	The state retains ownership of all data.
46	3.13	What is the definition of “recipients” in this context?	Recipients means SRS. This refers to the contractor/agency relationship.

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47	3.16	Hold Harmless – The language in this section seems to indicate the contractor is responsible for injuries, deaths, losses, damages, or copyright infringements caused by the act or failure to act by State employees, other State contractors and their employees, and subcontractors and their employees. Please clarify the Contractor's liability in reference to the performance of these contracts.	This is revised to include the phrase "as a result of contractor negligence".
48	3.22	In view of the language in Section 3.22 allowing SRS to reduce payments under the contract in case of a funding reduction or allotment, in what manner could the contractor terminate its obligations under the agreement, if lowered funding makes it impossible to perform?	The contracts have a provision for termination by either party with a minimum of 30-day notice
49	3.31	Does the conviction for a criminal or civil offense disclosure standard apply solely to employees or to Subcontractors and consultants as well?	The intent is to include anyone who will perform work under this contract.
50	3.33	What is the intention of Section 3.33 on "Injunctions?"	To protect the state from payment of damages for losses over which it had no control.
51	3.39 (i)	Could you explain the intention of Section 3.39(i) (providing for SRS ownership of protected health information)?	SRS will always have access to and ultimate control over the uses and disclosures of the protected health information in the possession of the contractor that has been created, gathered, and/or maintained based upon the relationship between contractor and SRS formed by this RFP. All protected health information is owned by SRS per federal guidelines.
52	4	Which areas of Section IV in the Foster Care and Family Preservation RFP's require responses specific to that area? Many of them, 4.5.1 and 4.5.2 for example, read as if they are to be incorporated in the total proposal but not responded to as a specific item.	The bidder must stipulate that they agree to carry out the requirements of this section of the RFP including each of the subsections.
53	4	Will copies of the most recent SRS monthly reports submitted by Contractors for all regions and contracts (Family Preservation, Foster Care and Adoption) be made available for more specific regional information from which to develop accurate Technical and Cost Proposals?	FY 2004 Family Preservation, Foster Care and Adoption reports for each SRS area office have been added to the Vendor File, RFP Section 4.7, paper copy at CFS as follows: #10: FY 2004 Family Preservation Reports # 11: FY 2004 Foster Care Reports # 12: FY 2004 Adoption Reports
54	4	It appears that the Family Preservation disruption data provided is in regard to the number of families experiencing a disruption and not the number of children within those families (If families had sibling groups going into out-of-home care, the number of children would exceed the number of families.) Has there been or will there be specific child disruption data for family preservation available to bidders?	FY 2004 Family Preservation reports have been added to the Vendor File, RFP Section 4.7, item # 11, paper copy at CFS. Disruption data is contained on the Family Preservation monthly reports.
55	4	Do the affidavits of insurance required under section 4.11 need to be submitted with the Technical Proposal or provided to the Division of Purchases at a later date?	These do not need to be submitted with the Technical Proposal. These affidavits shall be provided by the successful vendors to the Division of Purchases before the final contract is signed.

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56	4	When “permanency” is referred to in regard to the Adoption data provided, is “permanency” defined as finalization or APA in that context? Also, has there been or will there be specific information in regard to APA, such as, how many children currently have an APA in the Adoption Contract and lengths of service/stay from referral to the Adoption Contractor to APA and from APA to finalization?	Payment ends at finalization for children served in out of home placement. Permanency indicators for outcomes measure release of custody. Information on length of custody for exit cohorts (by exit reason) for years 1999 – 2003 are located on line at the Department of Administration site. Detail between distinct adoption populations finalized and not finalized are not available as this report is an exit cohort, not a point in time report. Information on length of out of home stay for the most current available in FY 2004 is located in Portraits Chapter 7, OOH length of stay document that is located in the zip file on the Department of Administration site. The number of children who currently have an APA can be located in Chapter 5, Placement Information in the .zip file.
57	4.1 (1) (i)	Page 18, Section 4.1 (1) (i) How much would payments be reduced? Would the state attempt to recuperate the full loss of the federal match from the contractor?	Payments would be reduced by the amount of federal money lost or reduced. The state may attempt to recoup the full loss of the federal match from the contractor if the loss resulted from negligent performance by the contractor.
58	4.1 (a)	Define subcontractor - e.g. contract therapist not linked to a mental health center? Does subcontractor mean those individuals or entities where there is or will be a formal contractual relationship? (Offer, acceptance and payment to the individual for service?)	A subcontractor could be an entity or agency or individual that you have a written agreement with to do business. While a successful bidder (contractor) may contract out certain portions of the work, it is up to the contractor to manage those subcontracts in keeping with the vision, values, process, and outcome expectations laid out in the RFP. SRS will hold the contractor accountable, not the subcontractor. SRS will interact with the successful bidder, not the subcontractor on case specific issues.
59	4.3	Does the definition of “subcontractor” include agencies from whom a contractor may purchase specific services, i.e. foster home placement, respite care, etc., on an as needed basis for a child?	A subcontractor could be an entity or agency or individual that you have a written agreement with to do business. While a successful bidder (contractor) may contract out certain portions of the work, it is up to the contractor to manage those subcontracts in keeping with the vision, values, process, and outcome expectations laid out in the RFP. SRS will hold the contractor accountable, not the subcontractor. SRS will interact with the successful bidder, not the subcontractor on case specific issues.
60	4.3.3	How extensive does quality assurance monitoring need to be?	Monitoring needs to be adequate to assure compliance with contract requirements and successful outcomes.
61	4.4.2	Page 19, Section 4.4.2 What resumes, specifically, are wanted here? Just administration? Supervisors of line staff?	Senior management staff.
62	4.4.2	Are resumes treated like job descriptions and excluded from the 50-page limit of the technical proposal and excluded from the 25-page limit of the appendix?	Resumes are treated like job descriptions and excluded from the 50 – page limit.

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63	4.4.3	Can you please list the state and federal laws and regulations applicable to services delivered and professional activities referred to in this section?	Reference 4.7 vendor file information.
64	4.4.3	This section alludes to needing to be a managed care entity. Do the contractors need to comply with the rules of Managed Care to do services under this contract?	There will be managed care regulations that the contractor will need to follow. The State is awaiting further direction from CMS.
65	4.4.3	This section alludes to the necessity to be a managed care entity. Do the contractors need to comply with the rules of Managed Care to perform services under this contract?	There will be managed care regulations that the contractor will need to follow. The State is awaiting further direction from CMS.
66	4.4.3	Will the contractor be required to report third party liability information to SRS?	The contractor as a Medicaid provider is encouraged to notify SRS if new third party liability information becomes available to them.
67	4.4.4	On page 17 under 4.4.4 the RFP describes Vendor Qualifications, including the requirement for accreditation. This section cites accreditation by the Council on Accreditation (COA) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, on page 22 under 4.13.4 p), the RFP cites a third option, the Commission on Accreditation of Rehabilitation Facilities (CARF). Please clarify that CARF is an acceptable accrediting body in terms of the requirements of the FPS and Foster Care/Reintegration contracts.	Section 4.13.4p in the Family Preservation and Reintegration/Foster Care RFPs should state “must be accredited with Council on Accreditation or Joint Commission on Accredited Health Care Organizations or a plan to achieve within two years within contract award”.
68	4.5.2	For the purposes of clarification, the scenario demonstrations should be prepared for the presentation process associated with this RFP, and do not need to be written as part of the technical proposal?	Correct, you will not be able to prepare them as in many instances you will have to demonstrate the scenarios “live” during your interview with the selection committee.
69	4.5.2	Scenario demonstrations and the scenario demonstration process are referenced in several places throughout the RFP. Will the demonstrations be done pre or post contract award? What is expected from the vendors in this process and what will the demonstrations include besides written documentation?	The scenarios will be an aspect of the selection process. Each bidder may be invited to an interview where they will be asked to describe in person how they have moved the agency toward family centered practice, conduct an assessment, develop a service plan, etc.
70	4.5.2	For planning purposes, is there a target date for Scenario Demonstrations for the vendors who successfully respond to required response elements in the scope of work?	Tentatively it is set for the week of October 18, 2004

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#	RFP Section	Question	Response
71	4.7	Page 21 Section 4.7 list the Standards for Therapeutic Foster Care, Page 24 Section 4.13.3 m) list the National Standards for Treatment Foster Care -- there are conflicting standards between the two sets. Is it correct to assume that the SRS Standards for Therapeutic Foster Care take priority? Also these standards imply that all therapeutic services are provided by the TFC agency. Can the child receive Therapeutic Foster Care services and mental health services at the mental health center at the same time and both be billed?	The SRS standards for therapeutic foster care take priority. Some therapeutic foster care placements allow mental health services to be billed separately. SRS is working on determining which services will be content of service and which services are reimbursable. If the therapeutic foster care agency wishes to contract with the mental health agency, the TFC agency would be responsible to pay the mental health center for these services. The mental health center would not be allowed to bill Medicaid for those services.
72	4.7	Could bidders have access to the current Family Preservation RFP and contacts?	Yes, The following items have been added to the Vendor File at CFS: Item #8: Family Preservation RFP #00570 Item #9: Family Preservation Contracts from RFP #00570
73	4.7	What is the procedure to access the electronic vendor file at the Division of Purchase's web site?	<ol style="list-style-type: none"> 1. At the Bid Solicitation List, select the appropriate Child Welfare RFP. 2. Save the RFP to Desktop if you are not able to open the document in order to view. 3. At the bottom of Page 1, "Request for Proposal (RFP)", (there may be addendum sheets in front of Page 1) and select the vendor information file you would like to view. 4. At the File Download prompt, select "Save". 5. When download is complete, select "Open". 6. At the Winzip prompt, select "I Agree". 7. Select the vendor information you would like to review from the file menu.
74	4.7 Section XVII	Are there current standards available with the upgrades?	SRS does have current standards for software and connectivity. These standards are detailed in "Connectivity and Network Considerations" which is attached. The vendor must maintain hardware compatibility and software release synchronization with SRS.
75	4.7 Section XVII	Is it possible to have access to the SRS system via a secure log in for the contractor into SRS GroupWise without having to operate GroupWise and our own exchange server?	Yes, it is possible. SRS can create an e-mail account on our GroupWise server for each user.
76	4.7 Section XVII	Is it possible to have access to the SRS system for file sharing through a secure website without requiring access through GroupWise or a fixed IP assignment?	Access to FACTS mainframe and KIDS risk assessment application requires a fixed IP address. We are exploring technical solutions to facilitate the requirements of 6.18.C. start up dataset, and one of the possible options to transmit case start up information is to use a secure site where contractors retrieve client level datasets to import/load into their system.
77	4.7 Section XVII	Is Symantec Anti-virus an alternative to McAfee?	No, Symantec is not an alternative. McAfee is required.

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#	RFP Section	Question	Response
78	4.9	Does the experience requirement of three years refer to the length of existence of the bidding entity or the number of years of experience of the management and administrative personnel of that entity?	The length of existence of the bidding entity.
79	4.12.2	This subsection states that “every staff member in a professional position including case managers and social worker must have a minimum of a Bachelor’s degree from an accredited university, in the field of social and human services.” What areas of study are included under the term “human services”?	In the RFP Section 4.12.2, replace the “and” with “or” so it now reads...social or human services and would include any of the following: Social Workers, Marriage and Family Therapists, Professional Counselors, Master’s Level Psychologists, Psychologists (Ph.D.)
80	4.12.2	What is the definition of a professional position in this context?	In this context we are referencing direct service case managers and supervisors. Vendors and their staff must be in compliance with all statutory or regulatory requirements.
81	4.12.5	Is it permissible to substitute education beyond the minimum requirement for the required two years of experience, e.g. may an individual with 60 or more documented college credit hours in a related field, but no work experience, serve as a Family Support Worker?	Yes. It’s the contractors discretion to determine two years experience that would be relevant to the children and family services field, i.e, education or life experience.
82	4.12.8	In order to be able to propose adequate case coverage, can an estimate be given of the number of hours of training in which contractor staff will be asked to participate?	The entire KISSED domains, currently Domain One to Domain Seven, total 64.25 CEU hours to be completed in approximately 18 months. On occasion, a Domain Eight topic may be required which will be an additional 5.5 to 11.0 CEU’s hours per six month period.
83	4.13	Will there be any changes made to the SRS referral packets that will increase the amount of information provided to the contractors in the areas of relatives, current medical functioning and potential placement options?	Yes, we will be increasing the amount of information at referral.
84	4.13	Does the no eject/no reject expectation still apply if referral packets from SRS are incomplete?	Yes, the no eject/no reject policy still applies.
85	4.13.4	Are there caseload limitations for foster care services? If so, what are they?	As part of responding to the RFP, we expect that you will define your recommendations for caseload size in order to achieve client goals and system outcomes.

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#	RFP Section	Question	Response
86	4.14 (b)	This section states “Refer the child and family to the Reintegration Foster Care Contractor at the time the child is placed in SRS custody, the court has ordered out of home placement, and the child was not “served by” the Family Preservation Contractor within the previous 12 months.” Was this intended to say, “referred to” the Family Preservation Contractor rather than “served by”? For example, Family Preservation could complete its aftercare period and the child is removed the following month. The Family Preservation contractor would still have “served” the family in the last 12 months, but the family would not have been “referred” in the previous 12 months.	Change “served by” to “referred to”
87	4.14 (n)	In view of the language in Section 4.14 (n), what role does SRS see for its legal staff in helping cases move smoothly through the courts? In view of the new payment structure, does SRS anticipate committing legal resources to help cases move more expeditiously through the courts?	It is the expectation of the contractor to work with their own legal staff first. SRS will assist as needed on a case by case basis.
88	4.14 (s)	Since adoption by foster parents prevents a child from making another move, is there any plan to increase subsidy to encourage foster parents to adopt who did not become foster parents with the plan to adopt and therefore have not planned for the full time financial responsibility of a child but would gladly adopt if they could continue to receive a payment similar to their foster care payment?	No. Currently there is no approved plan to increase subsidy.
89	4.15 (c)	If a new Contractor is selected, who will be responsible for aftercare services for children adopted before 07/01/05?	The current Adoption Contractor will be required to provide 12 months of after care services to children whose adoptions were finalized prior to 7/1/05.
90	4.15.c & 5.2	If a child being provided aftercare services on 6/30/05 by a current Reintegration and Foster Care contractor requires an out of home placement after 6/30/05, will this be a referral to the new contractor? Will the payment be at the tier 1 (100%) rate? If yes, how long will payment remain at the tier 1 rate?	If a child comes out of home on or after 7/1/05 it would be a new referral to the Reintegration/Foster Care Contractor. The payment will be at Tier One for the maximum time allowed.
91	4.15.c & 5.2	If a child being provided aftercare services on 6/30/05 by the current Adoption contractor requires an out of home placement after 6/30/05, will this be a referral to a Reintegration and Foster Care contractor? If yes, what will tier payment be and will it be paid at this tier rate for the maximum time allowed for this tier rate?	If a child comes out of home on or after 7/1/05 it would be a new referral to the Reintegration/Foster Care Contractor. The payment will be at Tier One for the maximum time allowed.
92	4.16.2	Should proposed elements of scenario demonstrations be addressed in the Technical Proposal or will that involve a later and separate process?	Bidders will not be able to prepare them as in many instances you may have to demonstrate the scenarios “live” during your interview with the selection committee.

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#	RFP Section	Question	Response
93	4.16.2	This section states, “a complete Technical Proposal will include thorough responses to each response request beginning with the letter “R”. Should the technical proposal only address the “R” response questions? If not, what, if any, are the limitations on the technical proposal narrative?	Technical proposal should include responses to “R” but is not limited to those responses. The Vendor’s Technical Proposal must be single -spaced, Font size 12, limited to 50 pages, 8 ½ x 11, (Appendix limited to an additional 25 pages) plus job descriptions. All pages (including Appendix) must be numbered in the center bottom.
94	4.16.3	Should all services and facilities must provide reasonable accommodations to families and children with disabilities?	Yes, all services and facilities must provide reasonable accommodations to families and children with disabilities.
95	5	The Cost Proposal asks the bidder to check the Region for which the cost proposal is submitted and allows for 5 blanks to be checked. The map of Contractors catchment areas on page 33 also shows 5 regions. However, 6.2.A states that SRS is interested in soliciting proposals for each regional area,” and the six new SRS regions are listed. Will you please clarify how many Contract Regions there are and the makeup of these Regions?	SRS has six Management Regions, there are five Contractor regions. Refer to “county to Regions FY 2006” which is attached.
96	5	How will the budget for each area be derived- is there a formula that is currently used?	There are no specific regional budget formulas or amounts.
97	5	According to responses given to questions on the Foster Care RFP and the Adoption RFP on June 28 th and 29 th , 2004, children with the current Adoption Contractor who have not finalized are referred to the Foster Care Regional Contractor serving the child’s home county and payment made in accordance with the rate schedule in Section. 5.2. Does that rate schedule start at the time the child entered custody or when referred to the Adoption Contractor? If the child came back into out-of-home placement within the 12-month aftercare period while under the Foster Care contract and then was later referred to the Adoption Contractor, what date will be used to determine the payment rate?	<p>At the transition of the RFP children will be referred to the Reintegration/Foster Care Contractor serving the SRS county of origin unless there has been a change of venue. All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child’s date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child’s date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child’s date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate</p>

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#	RFP Section	Question	Response
98	5.1.3	Please define “children’s residential for children on the MR/DD waiver”; does this mean facilities that are designated for MR/DD populations only? What placements fit in Therapeutic foster care level 5 Residential facilities? Where should Emergency shelter placements be included?	<p>Children’s Residential Services provide direct assistance to persons in order to meet their daily living situation and serve to maintain or increase adaptive capabilities, independence, integration, and participating in the community. Children’s Residential Services for children from birth to 22 years of age shall be provided outside the family in a home which:</p> <ol style="list-style-type: none"> 1. Is licensed by KDHE as a family foster home, meets all state or SRS/CFS requirements, or is another residential setting that is approved by SRS/HCP, 2. Serves no more than two children unrelated to the family foster care provider, and 3. Is located in or near the child’s home community and school so the child remains in contact with the natural family, if appropriate, and maintains established community connections such as but not limited to: the child’s school and teachers, friends and neighbors, community activities, church and health care professionals. <p>These foster homes are not limited to serving only children receiving children’s residential services through the MR/DD waiver.</p> <p>The chart in Section 5.1.3 from the RFP has been deleted and it is replaced with Section 5.1.3 on the attached document.</p>
99	5.1.3	Should Medicaid rates be used in calculating average cost per child in the Assumption Table since Medicaid services will be removed from future contracts?	Medicaid rates are a benchmark (guideline) for this population. Bidders are free to make their own assumptions using rates that they feel are appropriate and these assumptions need to be outlined in their submission.
100	5.1.3	Are the numbers and percentages requested in this section to be monthly averages over the entire 4-year contract, or are 4 separate charts representing each year requested?	A separate chart is required for each year.
101	5.1.4	Should the assumptions include a category which would account for children who are referred to JJA, permanent guardianships, private adoption and any other situation where a child is no longer the responsibility of the contractor and no payment is being made?	5.1.4 is not an exclusive list of assumptions.
102	5.1.4 & 5.1.6	Is the Medicaid revenue line item to include only the direct billings to Medicaid by the contractor or, is it intended for the bidder to determine the percent of the total contract revenue attributed to Medicaid?	This line is for revenue received by the contractor for direct billings to Medicaid.

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#	RFP Section	Question	Response
103	5.1.4 (b)	Do you want all types of permanencies or are you specifically referring to reunifications?	This is to reflect the number of children for whom payment terminates as defined in Section 5.2.2.
104	5.1.4 (c)	Does this question refer to the children reentering out of home placement?	Yes.
105	5.1.4 (e)	What is the State's definition of Adoptive finalization. Will the contractor have equal access to families statewide?	Adoption finalization is the point at which the court grants legal custody to the adoptive parent(s). Yes, contractors will have equal access to families statewide.
106	5.1.7	Will Contractors be required to maintain separate checking and payments systems to track contractual and non-contractual costs? What is the rationale for requiring services purchased by Contractor from Contractor operated units and/or cost center to be tracked separately and the amount charged to the contract to not exceed the lesser of costs or charges?	While separate checking accounts and payment systems are not required, the ability to readily isolate costs and revenues applicable to the contract is required. The rationale is to prevent excessive profit margins being built into services provided by divisions within the contractor.
107	5.2	For a child referred on or after January 1, 2005, would the first tier payment continue from July 2005 through December 2005?	Yes.
108	5.2	Is payment for children who re-enter out of home care prior to July 1, 2005 any different in the payment structure? What will be considered their date of removal, their initial date of removal or their re-entry date?	No, it depends on the length of time the child has already been served based on the original date of renewal.
109	5.2	Will children currently receiving case management services from the adoption contract be referred to the Reintegration and Foster Care Contract on July 1, 2005? If yes, how will they be considered in the payment structure?	Yes, children whose adoption has not been finalized prior to 7/1/05 will be referred to the Reintegration/Foster Care Contractor and payment will be based on the payment structure in 5.2.
110	5.2	With the increase in program requirements, administrative expenses, substantially increased level of financial risk in both payments structure and the liability for services rejected for Medicaid payment, is the state increasing the funding available for the contracts? Was there an assumption during RFP development that this model would cost the same as the current system? Would SRS accept alternative financing proposals from the applicant aimed at ensuring financial viability for the state and contractors?	No increases anticipated. The goal is to be budget neutral. Alternative proposals can be submitted in addition to addressing the RFP requirements.
111	5.2	Previously, when there was not a fixed rate in the system, there was an out-of-case rate for children with high needs. High need children in foster home placement with wrap around services can have care needs that are equal to or greater than children in higher levels of care. What adjustment has been made to address this practice reality? Is there an opportunity for an out-of-case rate for these children?	Many of the expenses incurred for these children will be covered by fee for service through Medicaid. There will be no out of case rate.

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#	RFP Section	Question	Response
112	5.2	How will children currently in the adoption contract be transitioned? Would SRS consider restarting the tier structure over? There are children in the system that have been in the system for a significant period of time. These children were identified in a collaborative team with KCSL and SRS along with other community partners as “Children in Need of Some other Service” CINOSOS. These children come into the system with an ICD-9 diagnosis and statistically speaking, they have a very low probability of being adopted. They require a high level of resources. Is the foster care reintegration provider going to be responsible for case managing these children at 29% of their normal case rate? Could an out-of-case rate be established for these children?	<p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child’s date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child’s date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child’s date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
113	5.2	Will the contractor be able to bill Medicaid directly for case supervision and targeted case management services in addition to receiving the monthly payment?	No.
114	5.2	Does the statement that “All payments will be made in accordance with the contract.” eliminate any opportunity to renegotiate payments in the future due to unforeseen circumstances, incorrect assumptions in developing cost proposals and/or financial hardship?	No, this statement means there will be no payments other than the established rates, i.e. no advances or loans.
115	5.2	Previously in the reintegration and adoption contract, the totally variable rate had some devastating effects on the stability of the system and financial viability of the contracting agencies. The contractors are facing an untested financial structure and model of best practice. Given that lack of predictability, what safeguards will the state put in place to assure stability in the system and financial viability of the contractors accepting these new risks?	While there are no specific safeguards, this model of practice is based on history of program data.

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#	RFP Section	Question	Response
116	5.2 - 5.4.2	How was the tiered pricing determined for foster care reintegration and adoption? The amount of reductions in each tier is substantial, thereby leaving the contractors trying to cover the cost of the children with the most need and expense at the lowest rate – 29%. This would also mean if the rate were not restarted at the time the child has the parental rights terminated, all adoption work would be done at a 29% of the case rate. Children moving to adoption process are not less expensive than children in foster care. What is the logic behind this rate structure?	SRS reviewed historic costs and length of stay and devised a rationale to incentivize contractors to move children home as rapidly as possible. Costs applicable to children from the time the adoption placement agreement is signed to finalization of adoption are significantly less than prior to the signing of the adoption agreement due to adoption subsidy and no out of home placement costs.
117	5.2 - 5.4.2	There are aspects of the adoption process that are beyond the control of the Foster Care/Family Preservation contractor, but that could have a significant financial impact. As an example, lack of resource families in a region, adoptive children placed out the contractor's region, delay in establishing subsidy payments for the adoptive family or judicial delays. What guarantees will be put in place to ensure that the children are not delayed in the adoption system? This is crucial as the current payment proposal reflects serving the children in the adoption process at 29% of a case rate.	The expectation is that all components of the system will work together toward the timely permanency of children.
118	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: What contracting agency will be responsible for case management services for children currently receiving services from the adoption contractor, whose adoption has not been finalized by 7-1-05?	Case management services for the child will transition to the new Reintegration/Foster Care Contractor.

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#	RFP Section	Question	Response
119	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: Will they be referred to the Reintegration Foster Care contractor responsible for the county of origin of the child's SRS case? If so, how will payment be managed?	<p>The child will be referred to the Reintegration/Foster Care Contractor serving the SRS county of origin unless there has been a change of venue.</p> <p>All children in custody and in out of home placement on June 30, 2005 will be transitioned to the new Reintegration/Foster Care contract. This includes children in both the current Foster Care and Adoption contracts. The transition to the new payment structure will occur regardless of whether or not there is a new contractor or the current contractor providing services after July 1, 2005.</p> <ul style="list-style-type: none"> • If the child's date of removal was on or after January 1, 2005, payment will begin at the First Tier, be reduced to the Second Tier for months 7 through 12, and reduced to the Third Tier months 13 through permanency. • If the child's date of removal was on or after July 1, 2004, but prior to January 1, 2005, payment will begin at the Second Tier and be reduced to the Third Tier on January 1, 2006 through permanency. • If the child's date of removal was prior to July 1, 2004, payment will begin at the Third Tier and will be paid until the child achieves permanency. <p>Each Tier payment is a per month per child rate.</p>
120	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: Who provides after care services for children in the adoption process prior to 7-01-05?	For cases finalized prior to July 1, 2005, aftercare services will be provided by the current Adoption Contractor.
121	5.2 & 6.3.1- E,F,H,I,K & 6.3.2	Since the roles of providers relative to Family Preservation, Foster Care and Adoption will change, could you please clarify the following: If a child is in an adoptive placement but the adoption has not been finalized by 7-01-05 and there is a disruption which contracting agency is responsible for case management of the child? Who is responsible for services to the family?	Cases not finalized prior to July 1, 2005 will be transferred to the Reintegration/Foster Care Contractor. It will also be the Reintegration/Foster Care Contractor's responsibility to provide services to the family.
122	5.2	Please provide further clarification of the verbal responses given to questions 5.2 -5.2.2. What is the tested research on which the financial model is based? Is the information available in order to estimate the cost of the new model?	This model of practice is based on history of program data. The combined data provided as part of this RFP will allow bidders to estimate their costs.

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#	RFP Section	Question	Response
123	5.2	For children in custody and in out of home placement on June 30, 2005 whose initial date of removal was on or after January 1, 2005 will the first tier payment (100%) be made for the entire first 6 months of the new contract period (7/1/05 – 12/31/05) or only for the remainder of months left to equate to 6 months from the individual date of referral? For example, if a child's original date of removal is March 1, 2005, will the contract receive 100% payment through December 2005 or through August 2005, which is 6 months from the original date of referral?	Yes to both questions.
124	5.2	Will the monthly payments be made during the month of service as in the current contract? E.g. Will the first payment under the new contract be made on 7/10/05 and 7/20/05, based upon the roster as of 7/01/05?	Yes, payments are made prospectively except for the month of referral which is paid the following month.
125	5.2.1 Medicaid	Will the contractor be held harmless for repayments in Medicaid audits for the Medicaid services that are provided	The provider billing the service for Medicaid reimbursement will be the accountable party.
126	5.2.1 Medicaid	Will the contractor be required to prove medical necessity for Medicaid eligible and non-Medicaid eligible services? How would court ordered services impact this requirement?	For each Medicaid billable service that is provided, documentation of medical necessity must be provided for future audit purposes. This is not a change from current federal guidelines. Non-Medicaid eligible services may also require documentation of Medical Necessity. Court ordered services are not exempt from this requirement.
127	5.2.1 Medicaid	Are changes required for targeted case management to meet Medicaid requirements?	For each medically necessary service that is provided, documentation must be provided for future audit purposes. This is not a change from current federal guidelines. The awarded contractor will be informed of any Medicaid change.
128	5.2.1 Medicaid	Will contractors know whether or not Level V will be covered by the Medical card prior to submission of the proposals?	Level V is a Medicaid funded service. The Level V facility is the mental health service provider while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
129	5.2.1 Medicaid	Will contractors know the classification Level VI will fall under (i.e. inpatient hospital or residential care) prior to submission of the proposals?	Level VI facilities are classified as an Institution of Mental Disease (IMD) and fall under inpatient hospital.
130	5.2.1 Medicaid	When will the contractors be informed of the Medicaid criteria for: category of care rules, funding stream accessibility, and inclusion/exclusion of various levels that we will be operating under for this RFP? What is the risk and responsibility of the contractor if the Medicaid criteria change between submission and award? How will this be negotiated?	The Medicaid criteria is available on the Kansas Medical Assistance Program website: https://www.kmap-state-ks.us/ . The awarded contractor will be informed of any Medicaid changes.

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#	RFP Section	Question	Response
131	5.2.1 Medicaid	Since Level VI is covered by the medical card, if a child re-enters the system within the 12 months of after care, will the contractor be able to utilize the medical card for the Level VI services? Are there any limitations on the number of initial and/or extension screens that a child may have within a specific time period? If so, what are they?	A Medicaid reimbursable maximum length of stay in a Level VI facility can be no longer than six months. The 90 day length of stay approval is currently the maximum amount of time a stay may be approved for. A re-screen may be requested prior to the 90 days if the team needs a reevaluation. We are reviewing the effectiveness of the 90 day time limit and a six month continuous stay versus six months per year.
132	5.2.1 Medicaid Related Questions	The program requirements, administration and risk are substantially higher given the additional and new contract requirements. Has SRS projected the additional cost associated with these requirements and made provisions for them in the financing formula? If not, would you provide an explanation regarding why the levels of risk and service requirements have been increased without consideration for increased costs	The goal is budget neutrality. The potential level of risk from this RFP is recognized by the accelerated rate structure.
133	5.2.1 Medicaid Related Questions	Will the contractor be held harmless for repayments in any Medicaid audits for the Medicaid services that are provided?	The provider billing the service for Medicaid reimbursement will be the accountable party.
134	5.2.1 Medicaid Related Questions	Will the contractor be required to prove medical necessity for Medicaid eligible and non-Medicaid eligible services? How would court ordered services impact this requirement?	For each Medicaid billable service that is provided, documentation of medical necessity must be provided for future audit purposes. This is not a change from current federal guidelines. Non-Medicaid eligible services may also require documentation of Medical Necessity. Court ordered services are not exempt from this requirement.
135	5.2.1 Medicaid Related Questions	Are there any changes required for targeted case management to meet Medicaid requirements?	For each medically necessary service that is provided, documentation must be provided for future audit purposes. This is not a change from current federal guidelines. The awarded contractor will be informed of any Medicaid change through a contract amendment.
136	5.2.1 Medicaid Related Questions	Will contractors know whether or not Level V will be covered by the Medical card prior to submission of the proposals?	Yes, Level V is a Medicaid funded service.
137	5.2.1 Medicaid Related Questions	Will contractors know what classification Level VI will fall under (i.e. inpatient hospital or residential care) prior to submission of the proposals?	Level VI facilities are classified as an Institution of Mental Disease (IMD) and fall under inpatient hospital.
138	5.2.1 Medicaid Related Questions	When will the contractors know what the Medicaid criteria for: category of care rules, funding stream accessibility, and inclusion/exclusion of various levels that we will be operating under for this RFP? What is the risk and responsibility of the contractor if the Medicaid criteria change between submission and award? How will this be negotiated?	The Medicaid criteria is available on the Kansas Medical Assistance Program website: https://www.kmap-state-ks.us/ . The awarded contractor will be informed of any Medicaid change through a contract amendment.

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#	RFP Section	Question	Response
139	5.2.1 Medicaid Related Questions	Since Level VI is covered by the medical card, if a child re-enters the system within the 12 months of after care, will the contractor be able to utilize the medical card for the Level VI services? Are there any limitations on the number of initial and/or extension screens that a child may have within a specific time period? If so, what are they?	A Medicaid reimbursable maximum length of stay in a Level VI facility can be no longer than six months. The 90 day length of stay approval is currently the maximum amount of time a stay may be approved for. A re-screen may be requested prior to the 90 days if the child needs a reevaluation. We are reviewing the effectiveness of the 90 day time limit and a six month continuous stay versus a six months a year.
140	5.2.1	What is the timing of monthly payments? Currently the contractors receive payments on the 5th and 20th of the month of the actual service. Will this continue, or will payments be delayed into the following month?	The monthly payment schedule will continue. Payments are processed on the tenth and twentieth of each month.
141	5.2.1	Will Medicaid rates for services such as Level 6 be increased to more accurately reflect actual costs?	This information is unknown at this time.
142	5.2.1	What are the specific services that may be billed directly to Medicaid, e.g. does this include Therapeutic Foster Care, Level 5 Residential, Case Management, In-home Family Treatment, Attendant Care and Respite Care?	All Medicaid services, with the possible exception of TCM, will be billable to Medicaid. The full array of Medicaid Provider Manuals is located at https://www.kmap-state-ks.us/
143	5.2.1 (b)	Here it states that “Community Based Waiver Services” and “medically necessary” services provided to Medicaid eligible children by providers enrolled in the Medicaid program can bill Medicaid directly for those services. Does this imply that all Medicaid eligible youth in foster care can obtain mental health services from Medicaid providers such as mental health centers or private practitioners as long as they either meet the waiver for SED or it is determined that the service is “medically necessary”. Please elaborate.	5.2.1 (b) applies to all HCBS Waivers. Specific to CMHC services, including SED HCBS Waiver services, a Treatment Team, Medical Necessity, and the clinical judgment of a QMHP determines what services are needed. For a child not on the SED waiver, it may be medically necessary for them to seek mental health services.
144	5.2.1 (b)	What about youth in Level V placements who are receiving the individual, group or family counseling required by the Level V facilities but have a DSM diagnosis that requires more specialized and intensive therapy than Level V facilities can provide. Can these services be purchased through the medical card?	The Level V facility is the mental health service provider while the youth is a resident in the facility, and all services provided to the youth while in the Level V considered content of service. This would include more specialized and intensive therapy. If a level V is not appropriate the contractor should reassess the appropriateness of this service.
145	5.2.1 (b)	Does this mean that a provider of any service contained in the Waiver program can bill Medicaid directly, if they are an approved provider of Medicaid services, without approval from a community mental health center?	5.4.1(b) applies to all HCBS Waivers. Specifically, HCBS SED Waiver services can only be billed to Medicaid by a CMHC with prior authorization from SRS – Division of Health Care Policy Children’s Mental Health.
146	5.2.1 (c)	Regarding “the contractor being responsible for all educational costs”, please define “all education costs.” What does it include and not include? Will the contractor have any discretion regarding what is a reasonable cost for education services related to what is necessary for successful reintegration?	This section should state: “the contractor shall be responsible for all educational costs associated with out of state placements.” Educational costs may include: school related class fees, lab fees, gym fees, sports and equipment fees, etc.

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147	5.2.1 (c)	Is the medical card being opened up for all mental health services to all children in custody and in out of home care?	All Medicaid services, with the possible exception of TCM, will be billable to Medicaid. The full array of Medicaid Provider Manuals is located at https://www.kmap-state-ks.us/
148	5.2.1 (c)	What is the expectation of the contractor concerning the cost of post secondary education for children who fall through the cracks and are not eligible under the current tuition waiver policies? 6.9.4.C.: What is the expectation of the contractor concerning the cost of job training?	The Contractor is not responsible for the cost of post secondary education. The Contractor is expected to help youth identify and access financial resources for post secondary education, i.e, Pell grants, scholarships, etc. Youth may be eligible for educational and training vouchers (ETV).
149	5.2.2	If children are referred the last day of the month, when does the clock start regarding outcomes, at the day of referral or the beginning of the month of referral?	The clock starts on the day of referral.
150	5.2.2	If a child in the Reintegration and Foster Care Contract is referred to the Adoption Contract but the Adoption Contractor does not find a resource within six months of referral, does the payment to the Reintegration Contractor increase? Can the payment structure be adjusted to reflect this?	No, payment will not increase and the payment structure will not be adjusted.
151	5.2.2	It appears that the payment structure encourages and incentivizes early reintegration; however, language in 5.2.3 appears to undermine this goal has no additional payments are available for children reentering out-of-home placement in the 12-month follow-up period—what is the rationale behind the development of this methodology?	Contract expectations are that reintegration will be achieved timely and that contractor will provide services to maintain child's placement in the home.
152	5.2.2	If a child is referred on the last day of the month, will the Reintegration and Foster Care contractor be paid for the full month?	Yes, the full payment is paid for the month of referral.
153	5.2.2	The Cost Proposal cover sheet indicates the monthly base rate per child for each of the 4 years of the contract. Does this monthly base rate for each particular year apply to all payments <u>made</u> in that year, or do they apply to all children <u>referred</u> in that year. For example, if a child is referred in May, 2006, will the payments for that child be at the 1st year base rate for May and June, 2006 and then change to the 2nd year base rate for all subsequent payments? Or will all payments for that child be at the 1st year base rate?	Rates are based on the period for which they are due. The first scenario presented is correct. The payment amount would change July 2006.
154	5.2.3	Last sentence, first paragraph "Children who reenter foster care after 12 months period following release of custody will be considered a new referral and paid accordingly". Does this mean contractors are responsible for aftercare for 12 months following release of custody instead of 12 months after reintegration?	Last sentence of first paragraph of 5.2.3 should read: "Children who re-enter foster care after the twelve month period following one of the following events: reintegration, guardianship, adoption finalization, or OPPLA, will be considered a new referral and paid accordingly".

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#	RFP Section	Question	Response
155	5.2.3	Could adoptive families be referred to the Family Preservation contract prior to the disruption if services were needed after the 12 months following adoption finalization?	Yes, if SRS determines Family Preservation services are necessary.
156	5.2.3	Given the need to contain costs and limit liability, has further consideration been given to eliminating or scaling back the aftercare requirements of Section 5.4.3 of the Family Pres RFP and 5.2.3 of the Reintegration-Foster Care RFP?	The aftercare period when the goal is adoption has changed from 18 months to 12 months.
157	5.2.3	The terms “permanency through integration” and “alternate permanency” seem to be used interchangeably with “release of custody”. Does the contractor’s 12 month period of responsibility begin from the point of reintegration or the point that custody is released by the court? For example, if a child is reintegrated with their family in July but the court does not officially release custody until four months later, when does the 12-month period of contractual responsibility begin?	In this example, reintegration with family is when the 12 months aftercare begins.
158	5.2.3	As is the case with disruptions, will there be no additional payment for dissolutions during the 12-month period?	There will be no additional payments.
159	6	Will family support workers/paraprofessionals be able to have their visits count for purposes of encounter data?	A paraprofessional or family support worker who has a relationship with the child may be reported to CFS as a valid worker child contact.
160	6	How are the “full disclosure” standards contained in Section VI of both RFPs (especially Section 6.9.1 of the Family Pres RFP and 6.6.5 of the Reintegration-Foster Care RFP), intended to fit together with the confidentiality requirements in Section 3.12 and 4.13.4(j) of the RFP, and the requirements of HIPAA, K.S.A. 38-1506 and 38-1507?	HIPPA and the confidentiality requirements allow for the sharing of information in treatment and health care operations. The full disclosure practice described in the sections referenced enable all members of the treatment team including resource families to have the information required to effectively serve the family.
161	6	Responses given at the Question and Answer sessions on June 28 th and 29 th , 2004, seemed to indicate that only letters of intent were required of subcontractors. However, Section 6.13.2 asks for a sample Memorandum of Agreement—are both documents required to be included as a part of the Technical Proposal?	Yes, both documents are required.
162	6	Interstate Compact – The current ICPC protocol is to submit a request for placement on behalf of the child. Which entity (Case Management Contractor or Adoption Contractor) is responsible for submitting the ICPC paperwork on behalf of the child?	If the Adoption Contractor is providing recruitment services for the child, it would be the responsibility of the Adoption Contractor, supported by the case managing entity and SRS, to complete the ICPC process. If the child has an identified resource, then the case managing entity would be responsible for the completion of the ICPC process.

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#	RFP Section	Question	Response
163	6	“Services to be Provided”: 1. Will the entire case record be made available to the adoption contractor or only assessment information? 2. What is the definition of “assessment information”? 3. What does, “make available” mean? A copy of the case file or access to the case record at the case managing entity office?	Yes, the Adoption Contractor will have access to all information in the child’s case file. “Assessment information” will be clarified in the PPM. The Case Managing entity will be required to provide a copy of all information needed for recruitment services and provide access to the child’s entire file. The Adoption Contractor and case management entity need to collaborate to ensure adequate information is exchanged.
164	6.1, 6.1.1 A, 6.21 Outcome P-2, Item 18	Both the definition of Kin (page 35) and several references to it (section 6.6.1 A), indicate many people may be considered Kin without being related to the child. We agree that Kin can be excellent resources for children, especially those in out of home placement. However, Outcome P2, Item 18 refers only to relative placement. Is this supposed to be Kinship placement, meaning the definition of Kin, rather than only Kin who are related?	No. The intent of this outcome is to measure relative placement.
165	6.2 (A)	This statement indicates SRS is interested in proposals for each of six regional areas; however, other language in the RFP suggests there will be only five contract regions—which is correct? May a single bid be submitted for a statewide contract or must individual bids be submitted for all regions? If separate entities collaborate on a single bid for one or more regions, may those same entities bid individually for those same or other regions without the issue of collusion being raised?	SRS has six Management Regions, there are five Contractor regions. Refer to “County to Regions FY 2006” which is attached. Separate bids must be submitted for each region. There is no prohibition from entities collaborating on a single bid.
166	6.2 (c)	Where are the addendums for the RFP located? (E.g. on the Shawnee County project)	All Addendums are available on the Department of Administrations website. Information on the Shawnee County project will be located in vendor file information. Reference 4.7 #6.
167	6.2 C	Will the Topeka pilot continue to include SRS funded family facilitator positions?	The Pilot is planned through the MOA until 6/30/05. If the Pilot is extended or becomes the way we do business in Shawnee County, the family facilitators are an essential part.
168	6.2 D	The RFP notes 5 regions to apply on page 25, but the map shows 6 regions. Please verify the number of regions and which region corresponds with each area identified by 1, 2, 3, 4, and 5.	SRS has six Management Regions, there are five Contractor regions. Refer to “County to Regions FY 2006” which is attached.
169	6.3.1 H	Understanding that this is to be a collaborative effort, which contractor (Case Management or Adoption) will have the final decision regarding selection of the adoptive resource?	This is a collaborative effort, however if there is a disagreement the team will use dispute resolution process.

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#	RFP Section	Question	Response
170	6.3.1 I	Since the Reintegration and Foster Care Contractor retains all financial responsibility for the child, including the cost of out of home care, and therefore all the financial risk, can the Reintegration and Foster Care Contractor continue to recruit a permanency option after a child has been referred to the Adoption Contractor for recruitment services?	Yes, the contractor can continue to collaborate with the Adoption Contractor to recruit permanency resources.
171	6.3.1 I	If yes to above, and the Reintegration and Foster Care Contractor finds a family, can the Reintegration and Foster Care Contractor provide PSMAPP and license the family?	Yes.
172	6.3.1 I	If the Reintegration and Foster Care Contractor finds the family, can the Adoption Contractor independently “rule the family” out as a resource option?	No, but if there is a disagreement the team will utilize the dispute resolution process.
173	6.3.1 L	Given the significant paradigm shift for SRS, the courts, communities and the contractors, what type of training will SRS be offering? Will this include the courts and other community stakeholders? What will the contractor's role be in providing training and supporting this part of the process?	SRS will offer training through KISSED that will serve as the foundation for the practice framework outlined in the RFP. This training will be available to SRS staff, contractor staff and community stakeholders. Contractors will be encouraged to participate actively in KISSED as master trainers.
174	6.3.4	This section states that all Medicaid eligible services may be billed directly by Medicaid eligible providers. Does this include outpatient mental health services, TFC, Level 5, Level 6, Acute, and Targeted Case Management?	All Medicaid services will be billed Fee For Service with the possible exception of behavioral health TCM. The awarded contractor will be informed of any Medicaid change. The full array of Medicaid provider manuals is located at https://www.kmap-state-ks.us/
175	6.3.4	Will SRS contract with a Managed Service Organization (similar to The Consortium) to manage and monitor outpatient mental health services?	This is undecided, the use of an Administrative Service Organization (ADO) can increase accountability for service access, data reporting, etc.
176	6.3.4	What incentives have been given to the CMHC's to increase capacity or affiliate with other organizations to manage the increasing number of children that will enter their system through these contracts?	The CMHCs are required through regulation and contract to offer a core set of appropriate and needed mental health services to all persons. Additionally, the CMHCs are required to make available (either through direct provision or contract / affiliation) the full array of supports to SED children in accordance with an Individualized Treatment Plan. Review the CMHC licensing regulations, Medicaid Provider Manuals, CMHC contract, for further information.
177	6.3.4	Will level V services be billable to the medical card?	Level V is a Medicaid funded service. The Level V facility is the mental health service provider while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
178	6.3.4 B	Which Medicaid codes will be open to which children? Will the medical card pay for all mental health services?	All Medicaid services with the possible exception of TCM will be billable to the Medical card. The full array of Medicaid Provider Manuals is located at https://www.kmap-state-ks.us/

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#	RFP Section	Question	Response
179	6.3.4 B	Does this mean that all Level 6 care will be billed to and paid for by Medicaid? This would then indicate that contractors no longer pay for any Level 6 care, correct?	When all of the Medicaid guidelines related to Level VI care are followed, the medical card would cover the services.
180	6.3.4 B	This section also indicates that no Medicaid funding is provided to contractors and that all Medicaid funded services, including mental health, can be billed to the medical card. Does this mean that all Medicaid children in the contract can access Medicaid funded mental health services from mental health centers and all other Medicaid eligible providers, including non-SED waiver youth who have a medical necessity for mental health services. Also, since Level V facilities are paid through Medicaid for youth in JJA custody, is Level V care a Medicaid funded service under these RFP's? Under what circumstances can Medicaid funded mental health services be accessed by youth under these contracts that are in Level V facilities?"	Yes, children served through the contract will have an open medical card that will allow for a Medicaid eligible provider to provide medically necessary mental health services and be reimbursed by Medicaid. Level V is the mental health service provided while the youth is a resident in the facility, with all services provided to the youth while in the Level V considered content of that service.
181	6.3.4 B	The last sentence says that all Medicaid services, including...can be billed to the medical card, including any Medicaid reimbursable services a contractor provides using an eligible Medicaid provider in their employment." Can a contractor bill the services of a LSCSW?	No. The contractor cannot bill the medical card for mental health services. For certain mental health services an LSCSW can bill Medicaid as an independent enrolled Medicaid provider. Please refer to Kansas Medical Assistance Program website: https://www.kmap-state-ks.us/ for service definitions and provider requirements.
182	6.5.5	What constitutes an agreement that services are no longer required and the aftercare period has been completed?	The contractor is required to complete a 12 month aftercare period regardless of any agreement to the contrary.
183	6.5.6 (A)	Does this provision ensure that the child will be physically present in the region and/or catchment area? Will the Contractor be required to remove children from their biological home to meet the four-hour standard?	No. No, the contractor will not be responsible for removing children from their home.
184	6.5.6 F	This section states "Kin and community connections have been explored by the referring entity." What format will be used to provide this information to the contractor? In order to accomplish the goals of the initial team meeting within 24 hours of referral and completed assessments within 20 days of referral, it will be essential that this information is provided at the time of referral. Will there be any exceptions given to the expected timelines if this information is not provided by SRS at the time of referral?	No, exceptions will not be granted. The Family Based Assessment (FBA) will include this information whenever possible. The Contractors will have access to view information in KIDS at the time of referral.
185	6.6.1 (A)	What licensing standards must be met by kin families—licensed approved home or licensed foster home? For kin families requesting financial support, does the contractor have the authority to determine the amount of that payment? If not, who makes that determination?	All non related kin for youth under the age of 16 must be licensed as a foster home by KDHE. All related kin may be licensed or approved as meeting licensing standards by KDHE or approved by the contractor. Yes, the contractor has authority to determine payment.

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#	RFP Section	Question	Response
186	6.6.1 A	With the increased emphasis on relative placement at time of referral, will SRS be willing to assist in any way with running CANIS, KBI on known relatives prior to referral?	SRS will run Central Registry (formerly known as CANIS) checks on relatives. The contractor is responsible for running KBI checks.
187	6.6.1 A.2	Are there any guidelines, limits or restrictions on reimbursement for relative placements, i.e. can they be paid more than foster care rate?	The contractor has authority to determine payment.
188	6.6.1 A.2	If a relative's home can not be "approved as meeting licensing standards" is the contractor expected and permitted to make a payment in any form (cash, daycare payment, clothing allowance, utility payment, etc.), whether or not the relative is receiving TAF?	Relatives providing foster care services must be offered a choice in payment received for the care of the related child. Payments may be received through Temporary Assistance to Families (TAF), financial support from the Contractor, or receipt of benefits (i.e. SSI, SSA) for which the child may be eligible. For those relatives requesting financial support from the Contractor, the Contractor should encourage them to be approved as meeting licensing standards through KDHE. Placement of the child and payment to the relative provider should not be contingent upon the relative becoming a licensed foster home.
189	6.6.1 C&D, 6.21 Outcome P-2, Item 18	Please clarify home community/same school expectation. A contractor could achieve one without the other i.e. in rural Kansas, a child could be placed in another community, yet continue in the same school. In urban Kansas, a child could be placed in the same community, yet attend another school if placed blocks from their home.	The primary issue is that children not have to change schools. If there is a choice between the two, continuity in school attendance is paramount.
190	6.7 (D)	Who determines the need for hard goods for families and approves expenditures?	Contractor determines need, and after the \$500 has been exhausted, then the SRS worker can be contacted to determine if additional funds are needed on a case by case basis.
191	6.7.1	Referring to the requirement that the Family Pres. Contractor must set up the initial team meeting with the parent and SRS; is the 24 hour requirement working hours? If not how does SRS plan to staff these? Does the same apply for the Foster Care time requirement?	The 24 hours is clock hours. It is the expectation that SRS and the contractor work collaboratively to meet the needs of the family and child. No, the Foster Care requirement is to make contact (may be in person or by phone) the same day and have initial meeting within 24 hours.
192	6.7.1 A	Does this mean that contractors will not receive referrals until after Temporary Custody hearing? In Region 5 referral happens before TC.	SRS will not make a referral for foster care services until SRS has protective or temporary custody.
193	6.7.1 A	Is the 24 hour time frame business hours or clock hours?	24 hour time frame refers to clock hours.
194	6.7.1 A	Are weekends and holidays included or excluded in determining the 24 hour time limit in which the assigned case manager must facilitate a team meeting?	Weekends and holidays are included.
195	6.7.1 A	The initial Team meeting for Family Preservation is 48 hours, for Reintegration, Foster Care it is 24 hours. For consistency could the initial team meeting for either contractor be the same at 48 hours? If not, please explain the reason for the difference.	No. The removal of a child from their home has greater impact on family and children. There is an immediate need for all parties to become acquainted and discuss the plans for the child

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#	RFP Section	Question	Response
196	6.7.1 A	Is the Reintegration and Foster Care contractor exempt from holding an initial team meeting within 24 hours of referral for children who transition from the Adoption contractor to the Reintegration and Foster Care contractor on 7/1/05?	Yes, the new contractor is exempt from the 24-hour requirement. However, a case plan meeting must be held within 30 days of transition to the new contractor.
197	6.7.1 A	Is the Reintegration and Foster Care contractor exempt from holding an initial team meeting within 24 hours of referral for children who a current Reintegration and Foster Care contractor to a new Reintegration and Foster Care contractor on 7/1/05?	Yes, the new contractor is exempt from the 24-hour requirement. However, a case plan meeting must be held within 30 days of transition to the new contractor.
198	6.7.1 C-5	Will full disclosure at the time of the initial Team meeting include discussion of child support obligations by SRS?	All information known will be shared with team members.
199	6.7.1 D	Are there limits or guidelines for what SRS will pay for hard goods in excess of \$500?	SRS can be contacted for assessment of additional funds. This will be determined on a case by case basis to meet the child and family's needs.
200	6.7.1 D	If a contractor spends \$500 for hard goods on a birth parent with whom the child is to be reunited but that placement does not come to fruition, is the contractor or SRS expected to pay for any hard goods needed by the child's other parent or perhaps a relative with whom a new plan is made?	SRS and the Contractor can negotiate this on a case by case basis.
201	6.7.1 D	What, if any, limitations will be put on the hard good funding reimbursement by SRS once the \$500.00 "deductible" is met by the contractor? Will this be paid directly to the family, or through the contractor?	SRS can be contacted for assessment of additional funds. This will be determined on a case by case basis to meet the child and family's needs. Funds will be paid to the service provider.
202	6.7.2 C	Is the expectation of weekly interactions between birth parents and their children different if the case plan is adoption, guardianship, or OPPLA?	If the case plan has been changed to adoption, legal guardianship, or OPPLA (Other Planned Permanency Living Arrangement), it is still critical that the child maintain connections to kin, culture and community.
203	6.7.2 C	Are the weekly visits for all permanency goals or will there be different expectations for each goal? Will there be any exceptions as per the current SRS PPM?	Expectations would be different based on the permanency goal and will be clarified in the Policy & Procedure Manual.
204	6.8.2 A.15	We understand the need to assess needed supports for kin and see this process as ongoing. This seems to suggest that decisions are to be made prior to the initial case planning conference/family meeting. We see this as part of the initial case planning conference/family meeting and ongoing throughout the life of the case. Will this process be acceptable for meeting this expectation?	Ongoing assessments for Kin is a continual process.

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#	RFP Section	Question	Response
205	6.8.2 C.3	If a child has been receiving medical services from a provider who does not accept the medical card, is the contractor expected to continue to take the child to this provider and pay for the services?	The provider needs to be encouraged to enroll as a Medicaid provider so that the provider can continue to see the child and be paid by Medicaid. If the provider is not eligible or chooses not to enroll as a provider with Medicaid, it is up to the contractor and the child's family whether the child should remain with the provider or transition to a new provider. A contractor may pay the provider directly, or utilize third party resources if available, if the provider is not eligible or chooses not to enroll.
206	6.8.3 (B)	If the medical card is being opened up, what is the rationale for requiring children to be referred for SED screenings? Will it be permissible to refer children to eligible Medicaid providers other than Community Mental Health Centers?	The SED Screening determines if a child need to be referred to the CMHC for an SED Determination. An SED Determination allows children to obtain specialized community based services that can only be billed by a CMHC. It is expected that youth experiencing SED be referred to and receive specialized services from the CMHC. If the youth is not determined to be SED, it is the contractors choice to refer to any Medicaid eligible mental health provider.
207	6.8.3 C.1 & D.1	Both refer to a standardized screening tool. What is that, or will it be developed by SRS?	The screening tools will be developed by SRS.
208	6.8.9 B	How are SRS/Contractor staff to respond to relinquishments initiated or completed (for example, by attorneys) where a goal of adoption is not already in place?	This response would be case specific, and SRS and the contractor would work together to review case plan goal.
209	6.9.1 C	Please describe the State's expectation of area SRS offices relative to the statement "contractors will work with SRS to educate and lead others in the community to understand why this is a good child welfare practice"?	We expect that we will educate the court system, GALS, CASA and community providers both on a case by case basis and through community forums. Making this practice shift requires the commitment of all partners. The SRS role continues to evolve in educating the community regarding child welfare practice.
210	6.9.6 A	Are parents allowed to continue to use the sliding fee scales of community mental health centers for individual treatment services if they do not have insurance or medical coverage, and have limited financial resources, or is the contractor expected to pay for all mental health services of the parents (both those related to their individual needs and those related to the family)?	The contractor is responsible for assisting the family with identifying and accessing needed services. Parents are allowed to receive mental health services on a sliding fee basis from the CMHC. The contractor is not prohibited from paying for these services.
211	6.9.6 A	The State has programs to assist adults with developmental disabilities, substance abuse and vocational rehabilitation needs. Is the contractor expected to pay for these types of services provided by other private entities if a parent does not wish to use the services of the State? Is the contractor expected to pay for services to parents beyond those that the parent can access through the State?	It is the contractor's responsibility to assist the parent in obtaining services. It may be in the best interest of the contractor to assist in purchasing services to enhance the timeliness of permanency.

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#	RFP Section	Question	Response
212	6.9.6 B	If services the contractor is purchasing for a parent are not leading to permanency for a child, can the contractor cease paying for these services?	It is expected that you would stop payment and redirect the resources where they will best accomplish the goals of the plan. It is recommended subcontract language should stipulate your right to do this.
213	6.9.9 A	How does “in accordance with the court’s expectations” effect the 10-day requirement in the SRS PPM? If the contractor meets the court’s expected deadline, will the contractor be considered in compliance with this requirement?	It is expected the contractor will comply at minimum with the 10 day requirement in the SRS PPM. The Policy and Procedure Manual will be changed to allow for different court expectations.
214	6.9.9 C	At the bottom of the chart on page 65 there is a box that states “Provide of SRS with proper reports by the 5th of each month”. What is this in reference to?	This diagram should state submission of encounter data and roster reports are due by the 10 th of the month.
215	6.10.4 C & 6.21	Certain outcomes do not seem relevant if a youth’s permanency goal is OPPLA. What outcome exceptions (i.e. home county/same school) will be given for youth with OPPLA goals? (eg., Outcome P2, Item 18)	The outcomes are not contract specific. They will be used to assess enhanced system performance. Every aspect of the system, including SRS performance, is being evaluated as a result of measuring the outcomes. There are no outcome exceptions.
216	6.10.5 (B)	Should not this provision also include cases that entered into aftercare before 07/01/05?	No, current Reintegration/Foster Care Contractors are responsible for completion of aftercare for any child whose start of aftercare is prior to July 1, 2005.
217	6.10.5 A & 6.11.1	By combining these two sections it appears that when the goal for a child is adoption, permanency is achieved when the adoption is finalized, not when a child is placed in an adoptive placement (signed APA). This would mean that the 12-month after care period would begin at finalization. Is this correct? The contractor understands the importance of all the steps toward finalization happening in a timely manner. The contractor also understands that finalization is sometimes delayed by the process of completing adoption subsidy agreements. Since this would also delay the beginning of the after care period, what safeguards will be put in place to assure the timely completion of adoption subsidy agreements? If timelines are not met will there be financial considerations given to the contractor?	Yes, twelve month after care period begins at finalization. We will collaborate to ensure timely permanency. No, there will not be financial considerations given if timelines are not met.
218	6.11 E	In this section it states that when a contractors 12 months after care responsibility ends, adoptive families can continue to receive an array of services that includes family preservation or family services...behavioral health services, including residential placement if medically necessary”. Does the medical card fund these services after the contractors' 12 month responsibility has ended?	Yes, if eligibility requirements are met, the Medical Card is open and continues to provide Medicaid eligible services.
219	6.11.1 (F)	If a child has an identified resource at the time of the case plan and/or termination/relinquishment, but the identified resource subsequently decides not to adopt, how/when is a referral made to the Adoption Contract?	The referral is made at the time it is determined that the child has no identified resource.

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#	RFP Section	Question	Response
220	6.11.1 E	This paragraph begins by referencing the Adoption Contractor, but also references adoptive families in general. It appears the services referenced would be for all adoptive families, not just those provided by the Adoption Contractor. Is this correct?	This section is specifically referencing children for whom there is no identified resources that have been referred to the Adoption Contractor.
221	6.11.1.E	States in part that "...the adoption contractor is responsible for providing services to the adoptive family". Does this mean that if family preservation services are needed to keep the adoption from disrupting that the Adoption Contractor would provide these services even during the 12 months aftercare after adoption finalization?	The case managing entity and the adoption contractor will work together to provide these services during after care.
222	6.12	If a child is still in SRS custody living at home after 12 months has passed and the case plan goals have been achieved, does the case remain open? If so, who is then responsible for case management?	Yes, in this scenario SRS would become responsible for case management.
223	6.12	Does aftercare start over each time a child disrupts during the Aftercare period or is it a fixed 12 months.	If a child disrupts during the after care period it is the responsibility of the Contractor to mediate the issues and to help the child reunify with his/her family or find permanency with an adoptive family. After care begins again after the child moves to his/her permanent environment.
224	6.13.2	Since every subcontractor agreement is subject to completing negotiations, the contractor will send potential subcontractors a letter asking them if they are willing to be a subcontractor in the event the contractor receives a state contract. Without a clarification letter that this is not a firm contract, it puts the contractor in a position of guaranteeing a contract prior to negotiations. Timing does not allow the development and negotiations of all subcontracts. Will this approach meet the requirement of demonstrating our intent to work with other subcontractors?	It is acceptable to submit a letter of intent to subcontract.
225	6.13.2	Are "letters of commitment from anticipated sub-contractors or collaborators" and "sample Memorandum of Agreement" treated like job descriptions and excluded from the 50-page limit of the technical proposal and excluded from the 25-page limit of the appendix?	Letters of intent and Memorandums of Agreement are excluded from the 25 page limitation for Appendices.

Reintegration - Foster Care Services RFP #07481 – Vendor Questions

#	RFP Section	Question	Response
226	6.15 & 6.16	What is SRS's expectation of the Family Preservation or Reintegration Foster Care contractor to provide case management services when adoption resources are located out of the contractor's catchment area? For example, can this service be subcontracted with another agency? Will there be financial considerations given if adoptive resources for children referred to the Adoption contractor are located outside of the contractor's catchment area? What is the time frame from IRP to finalization? Will there be a financial penalty for the adoption contractor not meeting this goal and relief for the reintegration contractor?	Regardless of the adoption resource being located out of the contract's catchment area case management services will be required by the case management entity. The goal of the RFP is to have one case manager throughout the life of the case. Timeframes would be case specific; however, contractors are expected to adhere to ASFA timelines. Depending on the circumstances, payments may be withheld for any instances enumerated in the RFP.
227	6.15 C	Makes reference to contractors adhering to the Statewide Recruitment Plan. I am wondering if there is a written plan and if so how we access that.	The philosophy and the framework of the plan have been included in the RFP. Stakeholders will continue to formalize the details of the plan.
228	6.15.1 (B,D,L)	Are these requirements exclusive to Contractors or will they be applied to all Child Placing Agencies?	Requirements in this RFP are applicable to SRS contractors and their subcontractors.
229	6.15.1 (E)	If relatives want to adopt, do they have to complete PS-MAPP or Deciding Together before APA?	No, relatives are not required to complete PS-MAPP or Deciding Together; however, the contractor may require attendance based on need on a case by case basis.
230	6.15.1 C	When can we expect to have a copy of the statewide recruitment plan?	The philosophy and the framework of the plan have been included in the RFP. Stakeholders will continue to formalize the details of the plan.
231	6.15.1 D	What is meant by "reserve right" to review brochures regarding foster care homes? What is the extent of SRS's review process? As an independent contractor we assume you will be looking at the content to see if there is anything contrary to current state policy. Is this a correct assumption?	That is correct and to ensure that the message within the brochures is in keeping with the philosophical foundation laid out within this RFP.
232	6.15.2 (C)	Is there a confirmed date when CLARIS will be made available to Contractors? Has KDHE confirmed that all agencies will have access to all families?	No date has been identified. KDHE will make decisions on who has access to their system.

Reintegration - Foster Care Services RFP #07481 – Vendor Questions

#	RFP Section	Question	Response
233	6.15.2 A	What incentives or consequences will be in effect to ensure collaboration and to deter price gouging regarding placements of children in other contractor's homes? What incentives or consequences will be in effect to ensure that foster families attend the initial planning meeting particular considering the tight timeframe and the reality that many of these foster families will be with different agencies that the child is place with?	There are no specific incentives or consequences in this RFP related to this issue. The expectation is that contractors will build a system of care that will support the practice model outlined in this RFP. If a contractor anticipates using another child placing agency's resource families to ensure placement outcomes, this should be achieved with affiliate agreements which must be negotiated prior to the effective date of the contract award. Costs associated with using an established resource family, under contract with a different placing agency will be agreed to between the contractor and child placing agency by using an affiliate agreement process. Child Placing Agencies involved with the Child Welfare system will be expected to adhere to the State-wide Recruitment Plan which values foster parents as a member of the team. Early connection between foster family and birth parent(s) facilitates timely permanency.
234	6.17.11	How is "critical incident" defined? If critical incidents occur on Friday evenings, weekends and/or holidays, will SRS provide a contact person to ensure compliance with the 12-hour reporting standard?	Critical incidents are defined in the PPM. The Central Office Protection Report Center can be a resource as an SRS contact.
235	6.17.14	Is Item #14 applicable to this RFP?	Delete item #14. It is not applicable to this RFP.
236	6.18 B.2	Would you provide more detail about what information is to be entered in FACTS and describe how access will be provided?	Contractors will have access to FACTS and KIDS system through a VPN (virtual private network) connection. Technical detail is contained in Addendum "Connectivity and Network Considerations" which is attached.
237	6.21	Which outcomes are applicable to which contracts?	Outcome indicators are specific to population sets. Outcomes apply to all contractors who have responsibility for those populations.
238	6.21 (B)	What are specific examples of instances in which payments will be withheld?	Depending on the circumstances, payments may be withheld for any instances enumerated in the RFP.
239	6.21 B	Does this mean the State will withhold payment if outcomes aren't met "with or without a corrective action plan"?	It is anticipated that a Corrective Action Plan would proceed any withholding of payment; however, particularly egregious circumstances may exist where payment may be withheld in absence of a Corrective Action Plan.
240	Outcome P-1; Goal 10	What is the definition of a contact with law enforcement? How will contacts with birth or resource families be collected and reported?	Contact with law enforcement means that the youth was arrested or otherwise interacts with law enforcement as a result of the child's misbehavior. SRS will develop a reporting format for law enforcement contacts with parents regarding the child and a reporting format for child arrests.

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#	RFP Section	Question	Response
241	Outcome P-1; Goal 10	Please explain in more detail what the Operational Definition means regarding “the number of children whose parents (birth or resource) were contacted by law enforcement”; does this mean if the parent contacts law enforcement about the child?	Contact with law enforcement means that the youth was arrested or otherwise interacts with law enforcement as a result of the child's misbehavior. SRS will develop a reporting format for law enforcement contacts with parents regarding the child and a reporting format for child arrests.
242	Outcome P-1; Goal 10	“contact by law enforcement”, please define how this information is collected.	Contact with law enforcement means that the youth was arrested or otherwise interacts with law enforcement as a result of the child's misbehavior. SRS will develop a reporting format for law enforcement contacts with parents regarding the child and a reporting format for child arrests.
243	Outcome P-1; Goal 11	Since SRS approves permanency goals, should this outcome be applicable to Contractors or to SRS?	It is the partnership between SRS and the Contractors that will allow the state of Kansas to meet the goals of permanency, safety and well being.
244	Outcome P-1; Goal 12	The operational definition is somewhat confusing—can it be clarified?	The definition means of the total number of permanency hearings in a month, how many of those were held in a timely manner – (according to the ASFA timeframes).
245	Outcome P-1; Goal 12	What is the definition of an independent living placement?	It appears that this question is actually referring to Goal 17—an example of an independent living “placement” is a youth living in their own apartment (or sharing an apartment) but the case management entity is still involved providing some level of support.
246	Outcome P-1; Goal 14&15	How do these goals interrelate between Contractors?	It is the partnership between SRS and the Contractors that will allow the state of Kansas to meet the goals of permanency, safety and well-being.
247	Outcome P-1; Goal 9	Please provide a detailed definition of what is considered a placement move. Is the total number of children in OOHP (the denominator) determined by month, fiscal year, or contract date?	This indicator measures the number of placements, not moves. It is a CFSR national data standard. The population in this indicator is any child who has been served in out of home placements for twelve months or less at the time of the report month. Of the number of children in OOH 12 months or less, how many have had two or less placements.
248	Outcome P-2; Goal 14	Are there criteria or qualifications for determining who qualifies as an “adult who models responsible behaviors...”	There is not one overriding definition. A positive adult role model for a child is someone who can establish a positive relationship with a child and effectively manages his financial, family and community obligations.
249	Outcome P-2; Goal 18	What baseline data was used to determine the performance level of 75%?	Goals based on best practice were established through collaboration with stakeholders.
250	Outcome S-2; Goal 4	Our understanding from the timeframe for this goal is that surveys would only be required to be sent after case closure, i.e. reunification and completion of aftercare period. Is this correct?	Survey will be sent at the completion of aftercare.

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#	RFP Section	Question	Response
251	Outcome WB-1; Goal 20	Can you clarify how this outcome will serve as an indicator for involvement in case planning?	The thinking is that if families were actively involved in determining solutions to their problems, and if they participated in the evaluation of the efficacy of services received, that they would be better equipped to care for their children's needs by accessing appropriate services and supports.
252	Outcome WB-1; Goal 21	Please define what populations are included in stakeholders?	Entities or individuals involved with the child welfare system in Kansas.
253	Outcome WB-1; Goals 20 & 21	How will the baseline be established for measurement of goal attainment?	The baseline will be established by reviewing data gathered for a six month period prior to contract finalization.
254	Outcome WB-2; Goal 23	How will the baseline be established for measurement of goal attainment? How will attendance records be accessed, aggregated and reported?	The baseline will be established by reviewing data gathered for a six month period prior to contract finalization. The question will be added to the case review regarding academic performance, a question added to the Client Satisfaction Survey, a survey will be developed for stakeholder satisfaction.
255	Outcome WB-2; Goal 23	Please define what populations are included in stakeholders?	Stakeholders include: contractors, subcontractors, legislators, resource families, birth families, youth, educators, law enforcement, judges, lawyers and court service officers, advocates, mental health professionals, etc.
256	Outcome WB-3; Goal 25	Since Medicaid is excluded from contracts, how will Medicaid data be collected from non-contractor service providers (e.g. SED/CBS data as CMHCs are not required currently to submit data to Contractors)?	Medicaid data is collected in the MMIS system. Contractors will be able to work with their State of Kansas program manager for reports of aggregated data. Contractors are expected to work with their CMHCs and or other mental health providers to obtain information regarding services provided to individual children.
257	Outcome WB-3; Goal 3	What information will be pulled from MMIS? Please define the validation method.	All claims data will be entered into the MMIS and sent to the EQRO for quality validation purposes. We think this refers to Outcome WB-3, Goal Item 25.
258	R 6.20	Does this mean bidders are to have a "constituency service model" when proposals are sent or will contractors develop this during the contracting cycle. The bolded statement seems to contradict the R statement.	It is an expectation that Contractors already have a grievance and appeal process and some method of collecting consumer satisfaction. This should be described in the bid.

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Attachment: County to Regions FY2006

County	County Code	SRS Region	FY 2006 Contract Region
Butler	BU	South Central	Region 1
Chase	CS	South Central	Region 1
Chautauqua	CQ	South Central	Region 1
Coffey	CF	South Central	Region 1
Cowley	CL	South Central	Region 1
Greenwood	GW	South Central	Region 1
Lyon	LY	South Central	Region 1
Marion	MN	South Central	Region 1
Morris	MR	South Central	Region 1
Bourbon	BB	Southeast	Region 1
Cherokee	CK	Southeast	Region 1
Crawford	CR	Southeast	Region 1
Labette	LB	Southeast	Region 1
Linn	LN	Southeast	Region 1
Montgomery	MG	Southeast	Region 1
Neosho	NO	Southeast	Region 1
Wilson	WL	Southeast	Region 1
Woodson	WO	Southeast	Region 1
Elk	EK	South Central	Region 1
Allen	AL	Southeast	Region 1
Anderson	AN	Southeast	Region 1
Johnson	JO	Kansas City Metro	Region 2
Leavenworth	LV	Kansas City Metro	Region 2
Miami	MI	Kansas City Metro	Region 2
Wyandotte	WY	Kansas City Metro	Region 2
Douglas	DG	Kansas City Metro	Region 2
Franklin	FR	Kansas City Metro	Region 2
Atchison	AT	Northeast	Region 3
Clay	CY	Northeast	Region 3
Cloud	CD	Northeast	Region 3
Dickinson	DK	Northeast	Region 3
Doniphan	DP	Northeast	Region 3
Ellsworth	EW	Northeast	Region 3
Geary	GE	Northeast	Region 3
Jackson	JA	Northeast	Region 3
Jefferson	JF	Northeast	Region 3
Jewell	JW	Northeast	Region 3
Lincoln	LC	Northeast	Region 3
Marshall	MS	Northeast	Region 3
Mitchell	MC	Northeast	Region 3
Nemaha	NM	Northeast	Region 3
Osage	OS	Northeast	Region 3
Ottawa	OT	Northeast	Region 3
Pottawatomie	PT	Northeast	Region 3
Republic	RP	Northeast	Region 3
Riley	RL	Northeast	Region 3
Saline	SA	Northeast	Region 3
Shawnee	SN	Northeast	Region 3
Wabaunsee	WB	Northeast	Region 3
Washington	WS	Northeast	Region 3

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County	County Code	SRS Region	FY 2006 Contract Region
Brown	BR	Northeast	Region 3
Harvey	HV	South Central	Region 4
Kingman	KM	South Central	Region 4
Reno	RN	South Central	Region 4
Rice	RC	South Central	Region 4
Sumner	SU	South Central	Region 4
Barber	BA	West	Region 4
Comanche	CM	West	Region 4
Edwards	ED	West	Region 4
Finney	FI	West	Region 4
Ford	FO	West	Region 4
Grant	GT	West	Region 4
Gray	GY	West	Region 4
Greeley	GL	West	Region 4
Hamilton	HM	West	Region 4
Haskell	HS	West	Region 4
Hodgeman	HG	West	Region 4
Kearney	KE	West	Region 4
Kiowa	KW	West	Region 4
Lane	LE	West	Region 4
Meade	ME	West	Region 4
Morton	MT	West	Region 4
Ness	NS	West	Region 4
Pratt	PR	West	Region 4
Scott	SC	West	Region 4
Seward	SW	West	Region 4
Stafford	SF	West	Region 4
Stanton	ST	West	Region 4
Stevens	SV	West	Region 4
Wichita	WH	West	Region 4
Barton	BT	West	Region 4
Cheyenne	CN	West	Region 4
Decatur	DC	West	Region 4
Ellis	EL	West	Region 4
Gove	GO	West	Region 4
Graham	GH	West	Region 4
Logan	LG	West	Region 4
Norton	NT	West	Region 4
Osborne	OB	West	Region 4
Pawnee	PN	West	Region 4
Phillips	PL	West	Region 4
Rawlins	RA	West	Region 4
Rooks	RO	West	Region 4
Rush	RH	West	Region 4
Russell	RS	West	Region 4
Sheridan	SD	West	Region 4
Sherman	SH	West	Region 4
Smith	SM	West	Region 4
Thomas	TH	West	Region 4
Trego	TR	West	Region 4
Wallace	WA	West	Region 4
Harper	HP	South Central	Region 4

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County	County Code	SRS Region	FY 2006 Contract Region
Mcpherson	MP	South Central	Region 4
Clark	CA	West	Region 4
Sedgwick	SG	WICHITA	Region 5

**Attachment: Connectivity and Network Considerations:
SRS RFP 07480, 07481, 07482**

A. General Requirements:

1. The successful bidder will be required to use the State's Computer System.
2. Each Contractor Site will require a connection to the KANWIN Network
3. The vendor is responsible for all costs associated with connecting to and remaining compatible with the State system including but not limited to vendor site setup and installation of vendor owned equipment.
4. The contractor is required to be able to communicate with state systems electronically including the ability to attach documents utilizing Novell GroupWise.
5. In the State's computer system, successful bidders will access FACTS (Family and Children Tracking System) to view and enter information, and access KIDS (Kansas Initiative for Decision Support) to view SRS safety and risk information.
6. The vendor must be familiar with Internet Protocol, Ethernet, local area network installation and wiring to IEEE specifications (Category 5E) or must obtain the services of someone who is able to deal with these issues.
7. The State will provide and maintain (at cost to the vendor) all equipment and interoffice communication circuits from the SRS mainframe to and including the on vendor site Router and Encryption device (see below).
8. The contractor is responsible for all equipment on their side of the router/VSU termination
9. Dial-up modems may not be connected to PCs which have access to the State Network.
10. the contractor understands that if the KANWIN circuit is used for internet access, SRS and DISC will monitor the usage on the circuit and they must conform to SRS acceptable use policies. Failure to do so may result in a disconnection of the circuit from KANWIN, and thus SRS.

B. Operational Steps to achieve connectivity

In order to establish KANWIN services for an SRS contractor, the following tasks are completed subsequent to contract award:

1. SRS draft a letter of sponsorship to Department of Administration Division of Information Systems and Computing (DISC)
2. SRS will notify DISC of a need for frame relay service
3. DISC will install Frame Relay Service
4. SRS staff will install VSU (virtual service unit)
5. Connection with vendor will be established
6. SRS and vendor will test connectivity

C. Vendor Responsibility

The information below is to assist the bidder in determining the costs necessary for bidding purposes. Costs may vary depending on the location, intercity mileages involved, type of equipment, personnel and other factors particular to the vendor. The bidder is solely responsible to make themselves fully aware of the costs of accessing and using this system(s). Each Contractor Site will require a connection to the KANWIN Network as outlined below.

1. Operating Systems

Windows 2000 Professional or better is required.

2. PC/Network Hardware/Software

A. PC Hardware and Software must be capable of installing and running the required SRS systems. It must also be capable of providing access security with user ID and password or better.

B. Contractors must maintain synchronization with SRS with regard to software applications and use of GroupWise for mail to SRS

C. Application Software currently used by SRS ¹:

WordPerfect 11.0

MS Word and Excel

Attachmate Extra Personal Client 7.1

GroupWise 6.5

NetWare 6.0 (if Reqd.)

McAfee Anti-Virus

NetWare Client for NT/2000 (If Required)

Fixed IP assignment - (State of Kansas Assigned)

3. Hardware Compatibility

Contractors must maintain hardware compatibility and software release synchronization with SRS. The Vendor is responsible to bear of cost of maintaining compatible equipment and synchronized software. The hub/switch and additional equipment beyond the encryption device including the UPS (Un-interruptible power supply) at the vendor site is the vendor's responsibility.

4. Network Connection -Contractor Client to SRS Systems or Contractor Systems

A. Frame Relay Connection to State Network via DISC (Division of Information Systems and Computing) -Speed Dependent upon number of users.

B. SRS/DISC will provide the Router (at Contractor Expense) and arrange for connection to Topeka Mainframe.

C. Contractor must provide suitable Ethernet hub/switch equipment

D. Supported Protocols on the Frame Relay -IP

E. IP Address series provided by DISC/SRS

F. Costs for the above are outlined below.

G. Vendor requirements for Office Automation functions must be provided by the vendor including a Server for such functions, if required.

5. Network Connection -SRS Main Frame -Contractor Main Frame:

A. If Vendor uses a local Mainframe computer, the network connection must be planned and coordinated with SRS/DISC.

¹ SRS maintains software and operating systems at the most current vendor recommended levels.

6. E-Mail Communications Options : SRS currently uses Novell GroupWise

- A. Either: Contractor must provide their own GroupWise Server with release 6.5 (or current release used by SRS) or use a GroupWise browser application connecting via IP to a GroupWise server located at an SRS location. These details must be approved and coordinated with SRS. This ensures that communications between the contractor and SRS are Secure; or,
- B. The contractor may utilize the SRS Secure email system gateway. The technical requirements for this system may be obtained by contacting SRS Infrastructure management (785-295-4694).
- C. Non secure e-mail via internet is unacceptable

7. Security:

- A. Top Secret (SRS Mainframe Security) access will be required -Arranged thru SRS Security (785)291-3520.
- B. Data Protection - SRS will provide and administer an encryption device to encrypt all IP traffic routed over the above referenced Circuit. Vendors may have alternate connections to the Internet, but if such is provided, they must install and administer a firewall to protect the State network from being accessed via the Internet. Anti-virus software must be provided and virus definitions must be kept current.
- C. Contractor is required to protect the SRS secure network from any external connection including the placement of a firewall.

Costing

A. Technical Requirements:

Vendor's must use the following information for technical requirements and costs for connecting to the SRS Mainframe and Data network for access to agency databases and web servers.

Protocol: TCP/IP

Mainframe Emulation: TN3270

LAN protocol: Ethernet

Customer supplies local area network hub/switch(s).

Category 5E cable connections to the encryption device and Router

Netscape 4.7

Internet Explorer 5.5 or Higher

B. Charges:

The following charges are provided as an estimate of the costs involved in providing KANWIN access per site via the Department of Administration. Please consult Division of Information Systems and Communications (DISC) PPM 2200.17 for the current Rates and charges:

Configuration 1: 128Kbs 7-23 devices

Service Category	One Time Cost	Monthly
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Frame Relay Circuit ²	510.00	**
Router	0.00	525.00
Administrative Surcharge (5%)	0.00	26.65
Total	510.00	**

Configuration 2: 384Kbs >23 devices

Service Category	One Time Cost	Monthly Cost
Frame Relay Circuit	510.00	**
Router	0.00	745.00
Administrative Surcharge (5%)	0.00	37.65
Total	510.00	**

- ☐ SRS recommends that at least a 384KB circuit be provided.
- ☐ Both configurations provide access to the KANWIN network, including Internet access.
- ☐ Installation lead time from date order is received by DISC: 60 days
- ☐ Inside wiring for the termination of the frame relay circuit to the router if necessary, is additional: costs to be determined at the time of installation.
- ☐ Higher speed frame-relay circuits are available, if needed. Please contact SRS Network for pricing.
- ☐ Terms are net 30 days, payable to Department of Administration, DISC.
- ☐ Order/configuration information or questions can be directed to:

Division of Information Systems and Computing (DISC)
Bureau of Customer Services
900 SW Jackson Rm 751
Topeka KS 66612-1275
Voice 785-296-4999
Fax 785-296-6729

² Frame Relay Circuit costs vary by location/local telephone company/distance from central hub locations. Contact DISC and or the local Telephone company for exact costs. Costs shown assume a 3 year contract for service. Penalties apply for early termination.

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- 5.1.3 Provide assumptions regarding the monthly average number and percent of children during the five (5) years of the contract served in the following placements:

Placement	Number	Percentage	Average cost per child	Total per Month
Unpaid Relative Placements				
Paid Relative Placements				
Family Foster Homes				
Therapeutic Foster Care				
Level III Group Homes				
Level IV Group Homes				
Level V Residential Facilities				
Level VI Residential Facilities				
Children's Residential for children on the MR/DD waiver				
Private Psychiatric Hospitals				
State Hospitals-Mental Health				
State Hospitals-ICF/MR				
Inpatient Chemical Dependency Treatment (Adolescent)				
Emergency Shelters				